

DATE PRINTED: 07/23/2015

RECEIVED

OHIO HOUSING TRUST FUND PROGRAM  
 STATUS REPORT  
 ON GRANT ACTIVITY TO DATE  
 PAGE NO: 1 of 4

SEP 08 2015

OCD

**COLEMAN PROFESSIONAL SERV**  
 OCD REPRESENTATIVE: Kimberly Alexander

FGM  
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S-Y-14-7GJ-1  
 GRANT AMOUNT: \$ 161,000

I certify that to the best of my knowledge the data in this report has been verified to be true and correct as of the date of this report. Providing false or misleading information in this document will result in sanctions against the above named grantee and, as outlined by the OCD Progressive Corrective Action Policy, may lead to termination of the Grantee eligibility for OCD Programs.

Nelson W. Burns, President/CEO  
 Name and Title of Chief Executive Officer

8/25/15  
 Date

Signature of Chief Executive Officer:

Carol McCullough, Grant Writer  
 Report Completed By: (330) 676-6810  
 Phone Number

#### I. PROGRAM BUDGET - AWARDED FUNDS

PROJECT NBR	ACTIVITY NUMBER AND NAME	ACTIVITY/PROJECT LOCATION	OHTF FUNDS		
			APPROVED BUDGET	FUNDS DRAWN TO DATE	ACTUAL FUNDS EXPENDED TO DATE
01	01 - Operating Expenses/CHOO	Coleman Portage County PS	\$ 52,500	\$ 13,124.00	\$ 16,242
02	01 - Operating Expenses/CHOO	Coleman Trumbull County P	\$ 108,500	\$ 27,124.00	\$ 21,437
	GRANT TOTALS		\$ 161,000	\$ 40,248.00	\$ 37,679

Please explain the reasons for any differences greater than plus or minus 10% between budgeted and actual expenditures for each activity. Explain ANY difference between total funds expended and total funds received. Describe your 'Best Efforts' to achieve the proposed levels:

Expenses for Project 02 lower than expected due to staffing changes, but should be back in line with budget in future reporting periods.

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I. PROGRAM BUDGET - LEVERAGED FUNDS

ACTIVITY NUMBER AND NAME	PROJECTED BUDGET	FEDERAL ARC FUNDS	OTHER FEDERAL	STATE AND LOCAL FUNDS	PRIVATE FUNDS	OTHER FUNDS / SOURCE
01/01)Operating Expenses/CHDO	\$ 26,250	\$ _____	\$ _____	\$ 3,281	\$ _____	\$ 14,988 / CPS
02/01)Operating Expenses/CHDO	\$ 54,250	\$ _____	\$ _____	\$ 6,781	\$ _____	\$ 8,752 / CPS
TOTAL FUNDS LEVERAGED:	\$ 80,500	XXXXXXXXXX	\$ _____	\$ 10,062	\$ _____	\$ 23,740 XXXXX

Please Provide Actual Other Funds Disbursed (Leveraged) on each Activity by the Listed Source Types!  
If the Source is not Listed above, Please Describe the Source in the Space Provided.

Please explain the reasons for any differences greater than plus or minus 10% between budgeted and actual leveraged costs for each activity.  
Describe your 'Best Efforts' to achieve the proposed leverage amounts:

N/A

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GRANT AMOUNT:\$ 161,000

**III. BENEFICIARIES**

**Homelessness Prevention Program**

Total Households Assisted: Projected - 65 Actual: 36

Total Persons Served: Projected - 77 Actual: 36

Persons served at 30-50% of LMI: 0

Persons served at < 30% of LMI: 36

**ENTER CIVIL RIGHTS DATA FOR THE TOTAL PERSONS SERVED**

Total Persons Served	Nbr of Hispanic
White: 31	2
Black/African American: 4	
Asian:	
American Indian/Alaska Native:	
Native Hawaiian/Other Pacific Islander:	
American Indian/Alaska Native and White:	
Asian and White:	
Black/African American White:	
Amer. Indian/Alaska Native and Black African Amer:	
Other Multi-Racial: 1	

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III. BENEFICIARIES - CONTINUED

Rapid Re-Housing Program

Total Households Assisted:	Projected -	12	Actual:	9
Total Persons Served:	Projected -	12	Actual:	9
Persons served at 31-50% of LMI: 0				
Persons served at 0-30% of LMI: 9				

ENTER CIVIL RIGHTS DATA FOR THE TOTAL PERSONS SERVED

Total Persons Served	Nbr of Hispanic
White:	7
Black/African American:	2
Asian:	
American Indian/Alaska Native:	
Native Hawaiian/Other Pacific Islander:	
American Indian/Alaska Native and White:	
Asian and White:	
Black/African American White:	
Amer. Indian/Alaska Native and Black African Amer:	
Other Multi-Racial:	

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## OFFICE OF COMMUNITY DEVELOPMENT

DRAW STATUS BY GRANT/ACTIVITY/UNIT ADDRESS AS OF THE DATE OF THIS REPORT

**COLEMAN PROFESSIONAL SERV    Grant Number: S-Y-14-7GJ-1    Award Amt:\$ 161,000**

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Grant Completion(FPR) Date: 02/28/2017

Fund Nbr: 6460

SAC Nbr: 638

CAS Nbr:

Prog -Activity Nbr & Name/  
Prj. Nbr-Location/Site Address

Act. Budget/ Site Budget	Doc Nbr	Amount Drawn	Draw Status	Date Paid/ Act/Prj Balance
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01 - 01)Operating Expenses/CHDO  
Coleman Portage County PS

\$ 52,500	0060	6,562.00	Paid	03/03/2015
	0064	6,562.00	Paid	06/01/2015
Activity Total:		\$ 13,124.00		\$ 39,376.00

02 - 01)Operating Expenses/CHDO  
Coleman Trumbull County P

\$ 108,500	0060	13,562.00	Paid	03/03/2015
	0064	13,562.00	Paid	06/01/2015
Activity Total:		\$ 27,124.00		\$ 81,376.00

Total for Grant Number - S-Y-14-7GJ-1:

\$ 161,000	\$ 40,248.00	\$ 120,752.00
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